1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1.	MARYLAND
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ICIAN: The ospital or certificate hed for us t. of Health	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	18.)
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L OR ATTER y be retain DIRECTOR age 3 short iled with t		saw the deceased alive on 4-10-06 ' 19-06, and that death occurred at 75 M, from the causes and o	n the date stated above DATE SIGNED
AL OR nay be L DIRI page filed		M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22c. PHYSICIAN'S 22d. ADDRESS	4-20-66
Page 4 may ro Funeral director, pa should be fi	-	NAME (Type) Dr. Robert W. Farr Chestertown, Maryland	
Page 4 may TO FUNERAL D director, pag	23	12. BURIAL CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or REMOVAL (Specify) 4-18-106-1/100 / 100 /	County) (State)
WR ATE (A)	2	4. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGIST	RAR'S SIGNATURE
VR A15 (4) 15M 4-64	1-	R. W. Morin administrator DATE APR 26 1966 Jane	mes junge

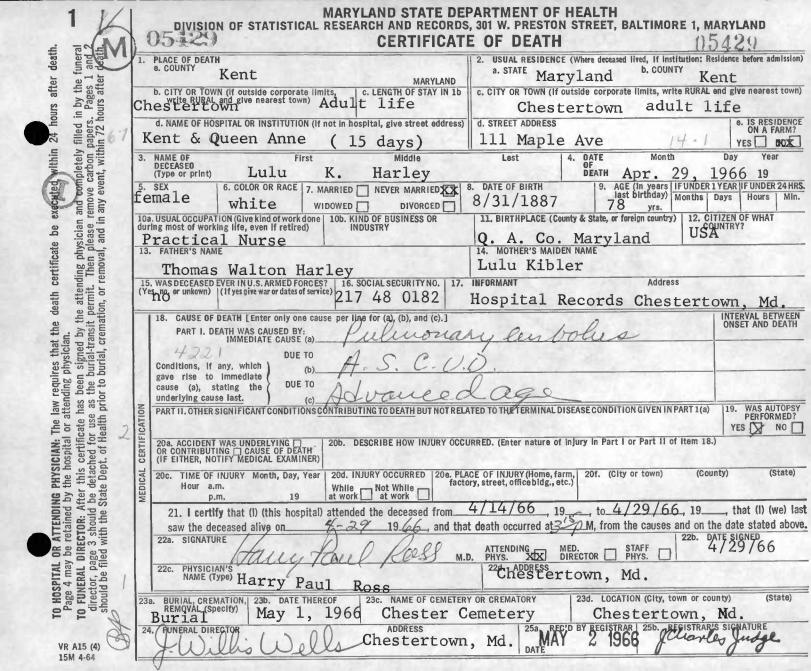
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH after death and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY Kent MARYLAND CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) ve carbon papers. Pag event, within 72 hours 24 hours Yrs Millington Millington d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) filled d. STREET ADDRESS e. IS RESIDENCE ON A FARM? Pollock Nursing Home None NO P letely NAME OF First Middle Last DATE Month Day Year DECEASED DF DEATH John Davis 19 66 (Type or print) April 5. SEX 6. COLOR OR RACE етоме 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS Jast birthday) Months I Col. and Male WIDOWED [DIVORCED [physician an please reports and in 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired Retired R.R. Cook NODE South Carolina 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME remova Giles Davis Febe Ballard 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unkown) (If yes give war or dates of service) Helen Davis Millington. Maryland 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN signed by purial-transit purial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **O HOSPITAL OR ATTENDING PHYSICIAN:** The law requires that the Page 4 may be retained by the hospital or attending physician. Jing been s ve buria, buria DUE TO Conditions, If any, which gave rise to immediate DUE TO cause (a), stating certificate has be thed for use as the of. of Health prior t underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) WAS AUTOPS PERFORMED? YES NO C 20a. ACCIDENT WAS UNDERLYING DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, I 20f. (City or town) (County) (State) DIRECTOR: After tage 3 should be defiled with the State factory, street, office bldg., etc.) Hour a.m. While Not While at work at work 21. I certify that (i) (this hospital) attended the deceased from and that death occurred at 6 4 M. from the causes and on the date stated above. saw the deceased alive on 22a. SIGNATURE 22b. DATE SIGNED DIRECTOR director, pag should be fill PHYSICIAN' ADDRESS BURIAL, CREMATION.I 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY LOCATION (City, town or county) (State) REMOVAL (Specify) Buria .966 Rochester Gardens Ingleside Maryland 244 FUNERAL DIRECTOR REC'D BY REGISTRAR VR A15 (4)

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lay is necessary, 3 to the funeral Page 5 may be	State De hours aft	_	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitel, give street eddress) air Hill Farm	e. IS RESIDENCE ON A FARM? YES NO
any de 2, and PM3.	the 72		NAME DF DECEASED (Type or print) Ronald Hepbron Gill 4. DATE DF April 9	Dey Year 1966
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4 hours after death. If Item 18. Give Pages 1, Iffice along with form		10a dur S	a. USUAL OCCUPATION (Give kind of work done in pring most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Chestertown (Kent), Md	IZEN OF WHAT JNTRY?
hours aft tem 18. G fice along	page in a		Charles H. Gill Frances Long	
LEXAMINER: This certificate should be executed within 24 hou he certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office files.	nit. File oval, and	15 (Y	5. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Charles H. Gill, Chestertown,	own, Md. Interval Between onset and Death short or wagon further as struck by IRT1(e) 19. Was autopsy Performed? Yes No. 10.
ted wit in pen xamine	it permit. or removal,		18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Fractured skull	INTERVAL BETWEEN ONSET AND DEATH Short
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be ey	mati	3	conditions, if eny, which gave rise to immediate (b) Deceased was between a tractor & fodder was per rise to immediate (b) Deceased was between a tractor & fodder was part of the conditions and the conditions are conditions.	
ould "d	a bu		cause (e), stating the underlying cause last. than intended by Robert Fry, driver. He was s	
Short	ed as a burial,	NO	(6)	19. WAS AUTDPSY
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s certif writing irded to	3 should be agent, prior	CERTIFICATION	20a. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of Injury In Part 1 or Pert II of Item 18.) See above	
te, vorwa	sho	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (Clty or town) (Coun factory, street, office bldg, etc.)	
ifica be f	ed a 14	MED		Cent Md.
cert uld	designated		21. I certify that I took charge of the remains described above, held an Autopsy, inspection, inquiry,	and in my opinion
the sho	desi		death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner [
MEDIC. ecute Page 4	Et st		ACTUAL M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
6 ≤	五年 1		EXAMINER'S Robert W. Farr, M. D. DEPUTY MEDICAL EXAMINER Address (Street, city, town, or county)	11/66
TO DEPU please director	of Heal	230	Burial, cremation, 23b. Date thereof Chester Come tory Chestertown Ke	ent Md.
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH 05430 The law requires that the deoth certificate be executed within 24 hours ofter deoth. by the funeral Pages 1 and 2 deot 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission 1. PLACE OF DEATH o. STATE h COUNTY o. COUNTY Kent Queen Anne's MARYLAND Maryland ompletely filled in by the fur the corbon papers. Pages 1 event, within 72 hours ofter b. CITY OR TOWN (If autside carparate limits, CHE'S LET LOWN c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 15 Sudlersville 17 days d. STREET ADDRESS d. NAME OF HDSPITAL DR INSTITUTION (If nat in haspital, give street address) e. IS RESIDENCE ON A FARM? Rura1 YES X NO Kent & Oueen Anne's Hospital 3. NAME OF First Middle Lost 4. DATE Manth Year Day DECEASED Elmer (Type or print) Jennings April 66 Joseph DEATH 1 YEAR S. SEX 8. DATE OF BIRTH 9. AGE (In years IF UNDER IF LINDER 24 HRS 6 COLOR OR RACE 7. MARRIED NEVER MARRIED last birthdov) Manths Days Haurs WIDOWED DIVDRCED 3-17-01 Male White 12. CITIZEN OF WHAT 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or fareign country) COUNTRY? during most af warking life, even if retired) Labor (Elec.) Vita Food

13. FATHER'S NAME Baltimore, Maryland U.S.A 14 MOTHER'S MAIDEN NAME Charles Joseph Jennings Florence Reathman (D) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, ar unknawn) (If yes give wor or dates of service) OL 216-09-3587 Hospital Records cremation. INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) burial-transit ONSET AND DEATH PART I. DEATH WAS CAUSED BY: signed by IMMEDIATE CAUSE (o) DUF TO Canditians, if any, which gave rise to immediate cause (o), DUE TO stating the underlying couse Page 4 may be retained by the hospital or ottending O FUNERAL DIRECTOR: After this certificate hos been 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) use YES [Por 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) OR CONTRIBUTING CAUSE OF DEATH detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, affice bldg., etc.) Hour a.m. Nat While at wark at wark 21. I certify that (I) (this hospital) attended the deceased fram. 3-1/ , 19.66, that (I) (we) last 19.66 to 4-3-1966, and that death accurred at Disom, from causes and on the date stated above. saw the deceased alive on. 22a. SIGNATURE 22b. DATE SIGNED MED. DIRECTOR STAFF PHYS. be filed 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Dr. Arthur T. Keefe Chestertown, Maryland director, should b 23d. LOCATION (City or Town) 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) (Stote) BULLSpecify) 4/5/66 Chestertown, Md. Chester Cem. 2Sa. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE ADDRESS 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66 Chestertown, Md

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14		DEPARTMENT OF HEALTH DRDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYL	AND
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omple cal	(Type or print) =Linda Cather	ine LaPorte DEATH April 11	1966
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ohys ple al, a	3. FATHER'S NAME	Kent Co., Md. U.S.A	•
	Alfred Thomas Foraker W (D)	Linda Frances McNatt (L)	
cel pndi t. 1	 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 	17. INFORMANT Address	
death le atte permit ion, or	Yes, no, or unkown) (If yes give war or dates of service) No 214-32-7169	Hospital Records	
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).	1 INTE	RVAL BETWEEN ET AND DEATH
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Z L D D	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO 20a. ACCIDENT WAS UNDERLYING TO CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OCCURRED. (Enter nature of injury in rail of rail of rail of rail	
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ATTENDING retained by CTOR: After should be with the Sta	p.m. 19 at work at work 21. I certify that (I) (this hospital) attended the deceased from	m 3-24- , 1966, to 4-11- , 1966, th	at (I) (we) last
OR ATTENDIO be retained be retained IRECTOR: A' re 3 should sed with the S	saw the deceased alive on 4-11- 19.66. an	d that death occurred at 7.154 M, from the causes and on the date	e stated above.
S ECT 3 S With	22a. SIGNATURE	22b. DATE SIG	GNED
AL OR DIR page filed	Collect.	M.D. ATTENDING X MED. STAFF PHYS. DIRECTOR PHYS.	
PITAL 4 may ERAL I Or, pag 1 be fil	22c. PHYSICIAN'S NAME (Type)	22d. ADDRESS	
TO HOSPITAL OR ATTENDING PHYSICI PAGE 4 may be retained by the hos TO FUNERAL DIRECTOR: After this ca director, page 3 should be detached should be filed with the State Dept.	Dr. Arthur 1. Reere	Chestertown, Maryland IETERY OR CREMATORY 23d. LOCATION (City, town or county)	(State)
Pa To Fa dir she	DEMONAL COMMITTEE	on Cemetery Millington, Kent Co.	
101	24- FUNERAL DIRECTORY ADDRESS	A 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGN	
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MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05432 CERTIFICATE OF DEATH The law requires that the death certificate be executed within 24 hours after death death and completely filled in by the funeral remove, cohon papers. Pages 1 and in any event, within 72 hours after death 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) o. COUNTY o. STATE b COUNTY MARYLAND Kent Maryland Maryland Kent

c. CITY OR TOWN (If outside corporate limits, write RURAL and give neorest town) b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) C LENGTH OF STAY IN Th MAKAWKKWAMA 27 days Chestertown Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE ON A FARM? 307 Washington Avenue/ Kent & Oueen Anne's Hospital NO YES T 3. NAME OF Middle 4. DATE Lost Month Doy Year DECEASED Frederick Livingood, Sr. (Type or print) George 25 19 66 DEATH April IF UNDER 1 YEAR S. SEX 6. COLOR OR RACE B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED lost birthdoy) Months Dovs Hours WIDOWED X White DIVORCED Male 9-19-1893 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT during most of working life, even if retired) COUNTRY? **INDUSTRY** Retired College Professor Jefferson Co. Penna. U.S.A. 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Samuel Kline Liwingood (D) Rebecca Marguerite Schaeffer 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT permit. (Yes, no, ar unknown) (If yes give wor or dotes of service) No 214-32-0974 Hospital Records 18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the buriol-tronsit p ONSET AND DEATH IMMEDIATE CAUSE (a) be retained by the hospital or ottending physician. DUE TO Canditians, if any, which gave rise to immediate couse (a), DUF TO stating the underlying couse as the **DIRECTOR:** After this certificate has been last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED PERFORMED? use Health NO 14 10 20o. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.) OR CONTRIBUTING CAUSE OF DEATH detached (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, (City or town) 20c. TIME OF INJURY Manth, Dov. Year (Caunty) (Stote) foctory, street, affice bldg., etc.) Hour o.m. Nat While 19 of work ot work 4-25 21. 1 certify that (1) (this hospital) attended the deceased fram_ 3-29 . 1966 . ta , 1966 , that (1) (we) last should 19 66, and that death accurred at 45/0M, fram causes and an the date stated above. saw the deceased alive an 4-25 22o. SIGNATURE 22b. DATE SIGNED ATTENDING MED. DIRECTOR director, page 3 should be filed 22d. ADDRESS 22c. PHYSICIAN'S O FUNERAL NAME (Type) Dr. A. C. Dick Chestertown, Maryland 23d. LOCATION (City or Tawn) 23o. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (County) 4/28/1966 Mt. Hope Cemetery Myerstown, Penna. 2Sb. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR VR A15 (4) Chestertown, Md.

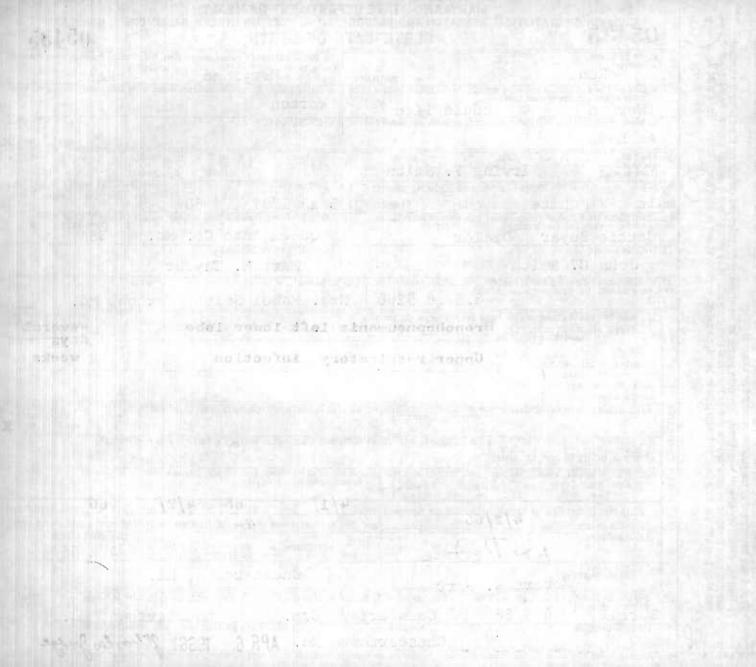
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	1(M)		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, M	ARYLAND
£	E C E		05433 CERTIFICATE OF DEATH	05433
24 hours after death	e funeral 1 and 2 er death	1.	PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If Institution: Real a. STATE ARV ARV COUNTY OVE	esidence before admission)
irs afte	led in by the poers. Pages 1 72 hours after		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) CHESTER TOWN	
24 hot	papers. hin 72 hou		d. NAME OF HOSPITAL OR INSTITUTION (If not In hospital, give street address) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
	on par ithin	3.	NAME OF First Middle Last 4. DATE Month	VES NO A
ited w	complete Com	5.	SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER)	
ехесп	remove in any	10a	THLE VVHITE WIDOWED DIVORCED JAVIS-1894 72 yrs.	Oays Hours Min. TIZEN OF WHAT DUNTRY?
ate be	nding physician and Then please remo removal, and in any		MECHANIC MACHINE SHOP QUEEN ANNELO, MA	USA
ertifica	ling ph Then emova		ARTHUR B, ROTHWELL ELIZABETH COWER	11
eath c	the attending it permit. Th lation, or rem	15 (Ye	WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address s, no, or unknown) (If yes give war or dates of service) 215-36-8735A ALFRED ROTHWELL-	CENTREVILL
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within reference by the hospital or attending physician	200		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ACLETE MUYO CARDIAL INFARCTION OUE TO Conditions, If any, which (b) ARTERIOSCLEROTIC CARDIOVASCULAR	INTERVAL BETWEEN ONSET AND DEATH
PHYSICIAN: The law requires that t	has been as the bu	NO	gave rise to immediate cause (a), stating the underlying cause last. DUE TO Underlying cause last. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
F. The	certificate has hed for use as t. of Health pric	CERTIFICATION	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Part II of Item 18.	YES NO
SICIAN	s certification of spt. of		OR CONTRIBUTING CAUSE OF OFATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
VG PHY	After this d be detac	MEDICAL	20c. TIME OF INJURY Month, Day, Year Hour a.m. While at work at work at work at work 19 20d. INJURY OCCURRED At work factory, street, office bidg., etc.)	nty) (State)
ATTENDING retained by	200		21. I certify that (I) (this hospital) attended the deceased from 10-23, 1963, to 4-18, 1965 saw the deceased alive on 4-18, 1966, and that death occurred at 9-8 M, from the causes and on the	that (I) (www) last
88			22a. SIGNATURE AND PHYS. ATTENDING MED. STAFF PHYS. 22b. DA	TE SIGNED - 21-66
O HOSPITAL	o FUNERAL DIRE		22c. PHYSICIAN'S NAME (Type) HARRY PAUL ROSS 22d. ADDRESS 203 N GLOCK, CHESTERT	own, Md
TO HOS	TO FU directly shou	23a	BURIAL APRIL 21 CHESTER FIELD CENTREVILLE	MID.
	A15 (4) M 4-64	24		s signature
13	m 4-04 A	-	//	0

	M	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MAI	RYLAND
FOR STA		05434 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	05434
HEALTH D	EPT.	PLACE OF DEATH COUNTY B. COUNTY	sidence before admission)
t eak		Kent MARYLAND Maryland Kent	
ssar uner ay b	deat	b. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL end give nearest town)	and give nearest town)
nece the f	fer	Chestertown 5 hrs. Rural - Rock Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street eddress) d. STREET ADDRESS	e. IS RESIDENCE
y is to it age	E / 7	Kent & Queen Anne's	ON A FARM?
dela and 3. P	72 hours after death.	3. NAME OF DECEASED First Middle Last 4. DATE Month OF	Day Year
PM?		(Type or print) Shirley Elizabeth Sisco DEATH 4	29 19 66
h. If es 1 orm	in any event within	Iast birthdey) Months I	Days Hours Min.
death Pag Ith f	tue	Female Negro WIDOWED DIVORCED 10-31-35 30 yrs.	IZEN OF WHAT
Give g wi	, ev	during most of working life, even if retired) Teacher INDUSTRY Mary land US	UNTRY?
rs af 18. alon	an	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME	
hou tem fice		Randolph Sisco Mozella Lewis	
42 min 24	1	(Yes, no, or unkown) (If yes give war or dates of service)	
vith! encil	remova	No X > Hospital Records	INTERVAL BETWEEN
ted v in p in p in p	0 2	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Air embolisam	ONSET AND DEATH
ing"	ion,	954 X DUE TO	
be e pend Aediu	cremation, or	Gonditions, if any, which gave rise to immediate (b) Unknown	
ould "ref "	, '.	cause (a), stating the underlying cause last. DUE TO (c)	
AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be rilles.	to burlal,		19. WAS AUTOPSY PERFORMED?
ficat the the the	2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) Under anesthesia for laparotomy 3 hrs. PRIMARY [] or CONTRIBUTING [] CAUSE OF DEATH. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART 1 (a) Under anesthesia for laparotomy 3 hrs. CAUSE OF DEATH.	VEG. ET NO ET
iting led t	prior	20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) PRIMARY OF DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) CAUSE OF DEATH.	
This wr	agent, prior		nty) (State)
icate e for	N A age	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) While et work 19 et work 19	
AMIN ertif ild b	nate	21. I certify that took charge of the remains described above, held an Autopsy, inspection, inquiry,	and in my opinion
L EXA he ce shoul files.	esig	death resulted from: Natural causes, Accident &, Suicide, Homicide, Undetermined manner	
MEDICA ecute ti Page 4 or your	its	ACTUAL SIENATURE CHIEF MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER M.D. ASSISTANT MEDICAL EXAMINER	22. DATE SIGNED
Y WE Xecu	0 0	DEPUTY MEDICAL EXAMINER X	
O DEPUTY please ex director. retained f	C att	NAME (Type) U. S. Gulbrandsen, M.D. Address (Street, city, town, or county)	5-2-66 nty) (State)
TO DEPUTY MEDICAL please execute th director. Page 4 s retained for your 1	of Health or its designated	REMOVAL (Specify) 3/2/66 SIJ 1007 C. T P. O. C. I	m d
	0	24. FUNERAL DIRECTOR ADDRESS 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S	SIGNATURE
	11	Demett water ChasTactown MAY 5 1966 Icharles	0

headh. I de stant - 1 annie a wine moon or disale AND THE PROPERTY AND ADDRESS OF THE PARTY. ARTHUR AND THE STREET AND THE STREET

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH funeral and 2 r death. hours after death. 1. PLACE DF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) a. COUNTY b. COUNTY Kent and completely filled in by the fremove carbon papers. Pages 1 naryevent, within 72 hours after Maryland Kent MARYLANO CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Worton Worton adult life d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADORESS e. IS RESIDENCE ON A FARM? At Home YES NO XX executed within 3. NAME OF First Middle DATE Month Day Year Last DECEASED Irving F. Smith 4/2/66 (Type or print) DEATH 19 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED 5. SEX AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. | Iso birthday) | Months | Days | Hours | Min. DATE OF BIRTH male white 68 1897 WIDOWED DIVORCED 10a. USUAL OCCUPATION (Give kind of work done | 10b. KIND OF BUSINESS OR 12. CITIZEN OF WHAT COUNTRY? as been signed by the attending physician as the burial-transit permit. Then please reprior to burial, cremation, or removal, and in 11. BIRTHPLACE (County & State, or foreign country) PHYSICIAN: The law requires that the death certificate be the hospital or attending physician. during most of working life, even if retired) INDUSTRY Queen Anne Co. Md. Cattle Buyer USA Dealer 13. FATHER'S NAME 14. MOTHER'S MAJOEN NAME John C. Smith Mary E. Taylor 15. WAS OECEASEO EVER IN U.S. ARMED FORCES?
(Yes, no, or unkown) (If yes give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Address 5200 16 Mrs. Mabel Smith Worton, Md. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY: Bronchopneumonia left lower lobe INTERVAL BETWEEN HIPE THE THE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) days DUE TO Upper respiratory infection weeks Conditions, if any, which (b) gave rise to immediate DUE TO cause (a), stating the underlying cause last. (c) director, page 3 should be detached for use as CERTIFICATION WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) of Health p PERFORMED? YES NO X 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, (County) (State) 20f. (City or town) factory, street, office bldg., etc.) be de State Hour a.m. Not While be retained by at work 66 21. I certify that (I) (this hospital), attended the deceased from and that death occurred at # & M, from the causes and on the date stated above. saw the deceased alive on 22b. OATE SIGNEO 22a. SIGNATURE director, page 3 should be filed w ATTENDING XX MED. DIRECTOR STAFF PHYS. 4/2/66 M.D. Andress Chestertown, Md. PHYSICIAN'S 22d. NAME (Type) NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) DATE THEREOF BURIAL, CREMATION, Burial (Specify) 4/5/66 Chestertow Cem Chestertown, Md. 25a. REC'D BY REGISTRAR 24. /FUNERAL DIRECTOR Chestertownm Md 1966 VR A15 (4) 15M 4-64

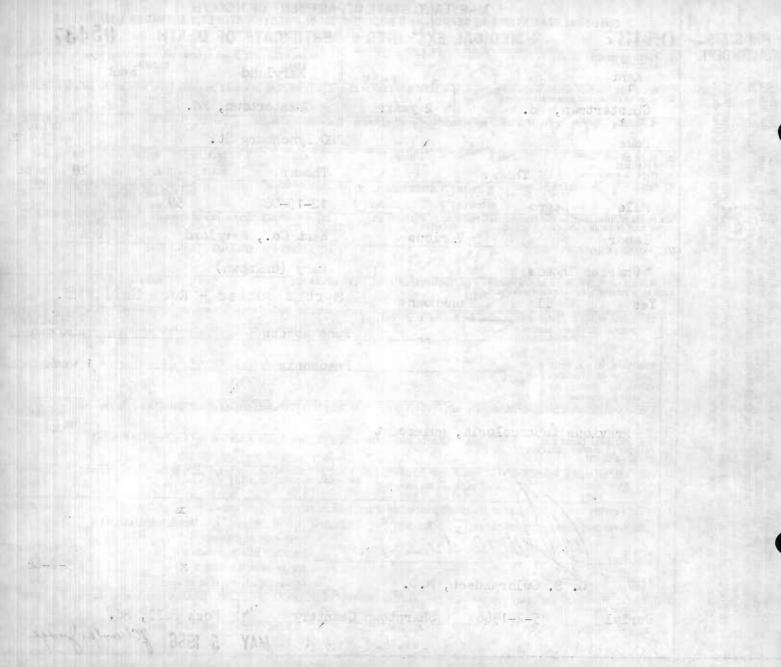


MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 05436 CERTIFICATE OF DEATH filled in by the funeral napers. Pages 1 and 2 vithin 72 hours after deoxiexecuted within 24 hours after death PLACE OF OEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution; Residence before admission) o. COUNTY o. STATE b. COUNTY Kent MARYLAND Maryland Kent b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) c. LENGTH OF STAY IN 1b. c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Chestertown 16 days Rock Hall d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) IS RESIDENCE ON A FARM? d. STREET ADDRESS YES NO R within Kent & Oueen Anne's Hospital NAME OF Middle corban Lost 4. OATE Month Ooy Year DECEASED Walter 21 (Type or print) Wesley Stevens April 19 66 DEATH IF UNDER 1 YEAR IF UNDER 24 HRS. S. SEX 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years 7. MARRIED NEVER MARRIED 85 birthdoy) Months Hours Doys Male White Ony WIOOWED X **OIVORCED** 10-3-80 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (County & Stote, or foreign country) 12. CITIZEN OF WHAT .= requires that the death certificate be physicion on please during most of working life, even if retired)
Retired Painter COUNTRY? INDUSTRY puo Kent Co., Md. 13 FATHER'S NAME 14 MOTHER'S MAJOEN NAME removal the ottending phy: Wesley Stevens (D) Emily Ashley 15. WAS DECEASED EVER IN U.S. ARMEO FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address (Yes, no, or unknown) (If yes give wor or dotes of service) 0 218-18-7778A Hospital Records No 18. CAUSE OF OEATH (Enter only one couse per line for (o), (b), ond (c).)
PART 1. OEATH WAS CAUSED BY: INTERVAL BETWEEN signed by the burial-transit p ONSET AND DEATH IMMEDIATE CAUSE (o) physician. OUF TO buriol Conditions, if ony, which gove rise to immediate couse (a). DUE TO stoting the underlying couse O HOSPITAL OR ATTENDING PHYSICIAN: The law re Page 4 may be retained by the hospital or attending TO FUNERAL DIRECTOR: After this certificate hos been os the last 19. WAS AUTOPSY PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) USe Health 1 CERTIFICATION YES X NO for 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 20o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF CEATH of detoched (IF EITHER, NOTIFY MEDICAL EXAMINER) Dept. 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) Hour o.m. foctory, street, office bldg., etc.) Not While ot work ot work should be 21. I certify that (I) (this hospital) attended the deceased fram. 4/5/ 1966 4/21/ 19 66, that (1) (we) last ta 19 66, and that death accurred at 130/P M, fram causes and an the date stated above saw the deceased alive an. 4/21 22a SIGNATURE 22b. OATE SIGNED **ATTENDING** M.D. PHYS DIRECTOR PHYS. director, page should be filed 22d ADDRESS PHYSICIAN'S NAME (Type) Dr. Harry P. Ross Chestertown, Maryland 23o. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (Stote) (County) REMOVAL (Specify) 2So. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 (4) 20 M 1/66

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1 (M)	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	05437 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 05437
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY
be be th.	b. CITY OR TOWN (If outside corporete limits, write RURAL and give nearest town) MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town)
y is necessary, to the funeral age 5 may be the Department is after death.	write RURAL and give nearest town) Chestertown, Md. 2 years Chestertown, Md. /4-/
nec the 5 r 5 r 6 pa	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
telay is necessary, and 3 to the funeral Page 5 may be State Department hours after death.	Home 220 Lynchburg St. YES NO N
dela nd 3 P P Sta hou	3. NAME OF First Middle Last 4. DATE Month Day Year
any dela 2, and PM3. F h the St n 72 hou	(Type or print) Thomas Thomas Death 4 28 19 66
二二年 美王	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Deys Hours Min.
Pages In form on with	Male Negro WIDOWED DIVORCED 12-15-06 59 yrs.
ive Par ive Par and event	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR life, even if retired) 11. BIRTHPLACE (State or foreign country) COUNTRY?
after death. Give Pages ong with for anter ss can a say event win	Labor Various Kent Co., Maryland USA 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ours after 18. Give a long pages in any	
14 hour lem of the parties of the pa	Charles Thomas Mary (unknown) 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
ALEXAMINER: This certificate should be executed within 24 hours after the certificate, writing the word "pending" in pencil in Item 18. Gestould be forwarded to the Chief Medical Examiner's Office along rilles. CTOR: Page 3 should be used as a burial-transit permit. File pages designated agent, prior to burial, cremation, or removal, and in any	(Yes, no, or unkown) (If yes give war or dates of service) Myrtle Butler - Rock Hall. Md.
within 2 pencil in miner's 0 permit. I removal,	Lis CANCE DE DEATH (Enter only one cause per line for (a) (b) and (c)]
ed w in pe cami	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Lung abcess ONSET AND DEATH UNKNOWN
uld be executed 1 "pending" in 5f Medical Exar a burial-transit cremation, or	521X DUE TO
dica dica al-tr	Conditions, If any, which \ (b) Pneumonia 1 week
"pe "pe Me buri	gave rise to immediate cause (a), stating the DUE TO
ord hief hief al,	underlying cause last. (c) (c) (c) (d) (c) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d
ficate sho the work to the Chi used as to burial,	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
the the to the t	Previous tuberculosis, quiescent 0072 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of Injury In Part II of Item 18.)
R: This certificate, writing forwarded to 3 should be agent, prior 1	PARTII. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1 (a) Previous tuberculosis, quiescent 00 2 2 20a. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) PRIMARY or CONTRIBUTING CONTRIBUTING COURSE HOW INJURY OCCURRED. (Enter nature of Injury In Part I or Part II of Item 18.) CAUSE OF DEATH.
wr ward houl nt, 1	
for for age	20c. TIME OF INJURY Month, Day Year 20d. INJURY OCCURRED At work p.m. P.m. 20f. (City or town) (Stete)
AL EXAMINER the certifice the should be in files. CTOR: Page designated	21. I certify that typic charge of the remains described above, held an Autopsy, Inspection, inquiry, and in my opinion
EXAM could les. R. F.	death resulted from: / Natural causes x, Accident , Suicide , Homicide , Undetermined manner
the the des	CHIEF MEDICAL EXAMINER
MEDICAL Gecute the Page 4 silor your L DIRECT or its d	ACTUAL SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER 55-2-66
Pace Exect Pace I for I	DEFOR MEDIONE DOMINION &
DEPUTY MEDICAL EXA please execute the codirector. Page 4 shou retained for your files of Health or its design	NAME (Type) U. S. Gullbrandsen, M. D. Address (Street, tity, town, or county)
pleadired director retar	REMOVAL (Specify)
= = (24. FUNERAL DIRECTOR ADDRESS, 25a. REC'D BY REGISTRARI 25b. REGISTRARIS SIGNATURE
VR A15ME	Form Old alley Chosterland W of DATMAY 5 1966 geliantes Judge
3500 4.64	



1		MARYLAND STATE DEP DIVISION OF STATISTICAL RESEARCH AND RECORDS,		ADVI AND
~ (N)	1	05438 CERTIFICATE		0543x
funeral and 2 r death.	1.	PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived, If Institution: Ro	esidence before admission)
hours after death, d in by the funeral rs. Pages 1 and 2 2 hours after death		a. CDUNTY Kent	a. STATE Maryland b. CDUNTY K	Kent
rs after by the Pages 1 urs after		b. CITY DR TDWN (If outside corporate limits, c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporete limits, write RURAL	and give nearest town)
ours in b	C	hestertown (Rural) lifetime	Chestertown Rural	14-1
24 hours		d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS	e. IS RESIDENCE DN A FARM?
n 24 fill y fill thin thin		Fairlee	Fairlee	YES NO
uted within 24 hours a completely filled in by ove carbon papers. Page event, within 72 hours		NAME DF DECEASED (Type or print) Tilden B. Willson	DEATHF-	1966 Year
ficate be executed physician and con please, remove (any man, and firsh) even (any man), and firsh).		sex 6. COLOR DR RACE 7. MARRIED XX NEVER MARRIED 8 ale white widdwed Divorced 3		1 YEAR IF UNDER 24 HRS. Days Hours Min.
2 454	10a	USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (County & State, or foreign country) 12. Cl	TIZEN OF WHAT
sici;	dui	Employee Grain & feed mill	Kent Co. Maryland	JSA
icat phy n p val,	13.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
certifica Iding ph Then removal		Neal Willson	Alice Sappington	
ath coattend mit.	15. (Ye	s, no, or unkown) ((If yes give war or dates of service)	INFORMANT Address (Hester Willson Chestertown	(Fairlee)
deg		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	lester willson	
uires that the death certificg physician. an signed by the attending perial-transit permit. Then our burial, cremation, or remove		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Caronary of h	rombosis myocarditis	INTERVAL BETWEEN DNSET AND DEATH
es tha hysici signe urial-t urial,		Conditions, If any, which	antenia Datemanto	
quir ng p een ne bu to bu		gave rise to immediate cause (a), stating the	Media / Stylenday	
on die bis propertion		underlying cause last. (c)		
PHYSICIAN: The law requir the hospital or attending p this certificate has been detached for use as the bite Dept. of Health prior to b	CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED	ED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)	19. WAS AUTOPSY PERFORMED?
N: T tral of for for for	TIFIC	20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY DCCU	RRED. (Enter nature of injury in Pert I or Part II of Item 18.	YES ND
Sicia hospi s cer iched		DR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		
OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within be retained by the hospital or attending physician. JIRECTOR: After this certificate has been signed by the attending physician and completely ge 3 should be detached for use as the burial-transit permit. Then place, remove carbon is a should be detached for the burial-transit permit. Then place, remove carbon is dwith the State Dept. of Health prior to burial, cremation, or removal, and many event, with	MEDICAL	20c. TIME DF INJURY Month, Day, Year Hour a.m. p.m. 19 20d. INJURY DCCURRED 2De. PLAC factor	CE DF INJURY (Home, farm, y, street, office bldg., etc.)	nty) (State)
NDIN ned l: Af		21. I certify that (I) (this hospital) attended the deceased from /	kps 18, 1954, to april 14, 1966	that (I) (we) last
TTE etaile etaile short the t			death occurred at 11 3faM, from the causes and on the	he date stated above.
TO HOSPITAL OR ATTENDING P Page 4 may be retained by to FUNERAL DIRECTOR: After director, page 3 should be d should be filed with the State		22a. LEGIGNATURE Metsch M.D.	ATTENDING MED STAFF \	ATE SIGNED 4/15/66
HOSPITAL Page 4 may Funeral Difference of Fu		22c, PHYSICIAN'S NAME (Type) Norbert C. Nitsch	22d. ADDRESS	
HOSP ige 4 TUNE recto	23a			Inty) (State)
She she		Burial 4/17/66 St. Paul Cer	m. nr. Chestertown	, Md.
VR A15 (4)	24.	Chestertown,	Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR	S SIGNATURE
15M 4-64	_	1 Willis Collect	TOOL O TO BURN	0 0

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	I Land	220020	